

Birth Control Guide

Efficacy rates in this chart are based on *Contraceptive Technology* (16th edition, 1994). They are yearly estimates of effectiveness in typical use, which refers to a method's reliability in real life, when people don't always use a method properly. For comparison, about 85 percent of sexually active women using no contraception would be expected to become pregnant in a year.

This chart is a summary; it is not intended to be used alone. All product labeling should be followed carefully, and a health-care professional should be consulted for some methods.

| Type | Male Condom | Female Condom | Diaphragm with Spermicide | Cervical Cap with Spermicide | Sponge with Spermicide (not currently marketed) | Spermicides Alone |
|---|---|---|---|--|--|--|
| <i>Estimated Effectiveness</i> | 88% ^a | 79% | 82% | 64–82% ^b | 64–82% ^b | 79% |
| <i>Some Risks^d</i> | Irritation and allergic reactions (less likely with polyurethane) | Irritation and allergic reactions | Irritation and allergic reactions, urinary tract infection | Irritation and allergic reactions, abnormal Pap test | Irritation and allergic reactions, difficulty in removal | Irritation and allergic reactions |
| <i>Protection from Sexually Transmitted Diseases (STDs)</i> | Except for abstinence, latex condoms are the best protection against STDs, including herpes and AIDS. | May give some STD protection; not as effective as latex condom. | Protects against cervical infection; spermicide may give some protection against chlamydia and gonorrhea; otherwise unknown. | Spermicide may give some protection against chlamydia and gonorrhea; otherwise unknown. | Spermicide may give some protection against chlamydia and gonorrhea; otherwise unknown. | May give some protection against chlamydia and gonorrhea; otherwise unknown. |
| <i>Convenience</i> | Applied immediately before intercourse; used only once and discarded. | Applied immediately before intercourse; used only once and discarded. | Inserted before intercourse and left in place at least six hours after; can be left in place for 24 hours, with additional spermicide for repeated intercourse. | May be difficult to insert; can remain in place for 48 hours without reapplying spermicide for repeated intercourse. | Inserted before intercourse and protects for 24 hours without additional spermicide; must be left in place for at least six hours after intercourse; must be removed within 30 hours of insertion; used only once and discarded. | Instructions vary; usually applied no more than one hour before intercourse and left in place at least six to eight hours after. |
| <i>Availability</i> | Nonprescription | Nonprescription | Prescription | Prescription | Nonprescription; not currently marketed. | Nonprescription |

Birth Control Guide (continued)

- a Effectiveness rate for polyurethane condoms has not been established.
- b Less effective for women who have had a baby because the birth process stretches the vagina and cervix, making it more difficult to achieve a proper fit.
- c Based on perfect use, when the woman takes the pill every day as directed.
- d Serious medical risks from contraceptives are rare.

| Oral Contraceptives—combined pill | Oral Contraceptives—progestin-only minipill | Injection (Depo-Provera) | Implant (Norplant) | IUD (Intrauterine Device) | Periodic Abstinence | Surgical Sterilization—female or male |
|---|--|---|--|---|--|---|
| Over 99% ^c | Over 99% ^c | Over 99% | Over 99% | 98–99% | About 80% (varies, based on method) | Over 99% |
| Dizziness; nausea; changes in menstruation, mood, and weight; rarely, cardiovascular disease, including high blood pressure, blood clots, heart attack, and strokes | Ectopic pregnancy, irregular bleeding, weight gain, breast tenderness | Irregular bleeding, weight gain, breast tenderness, headaches | Irregular bleeding, weight gain, breast tenderness, headaches, difficulty in removal | Cramps, bleeding, pelvic inflammatory disease, infertility, perforation of uterus | None | Pain, bleeding, infection, other minor postsurgical complications |
| None, except some protection against pelvic inflammatory disease. | None, except some protection against pelvic inflammatory disease. | None | None | None | None | None |
| Must be taken on daily schedule, regardless of frequency of intercourse. | Must be taken on daily schedule, regardless of frequency of intercourse. | One injection every three months | Implanted by health-care provider—minor outpatient surgical procedure; effective for up to five years. | After insertion by physician, can remain in place for up to one or 10 years, depending on type. | Requires frequent monitoring of body functions (for example, body temperature for one method). | One-time surgical procedure |
| Prescription | Prescription | Prescription | Prescription | Prescription | Instructions from health-care provider | Surgery |